

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
FACILITY LICENSING AND INVESTIGATIONS SECTION

Page 1 of ____

LICENSING INSPECTION REPORT

d/b/a Name and Address of Entity

St. Vincent Hospital
2800 Main St
Bridgeport, CT 06606

Heidi Caiman ^{FLIS Staff}

M:

Licensure Category:

Acute Care
Hospital

Licensed Bed

Bassinet Capacity:

473

Census:

211

Date(s) of onsite inspection: 1/24/19

Date(s) additional information obtained:

Personnel contacted:

REVIEW/FINDINGS/PROCESS (Complete all applicable categories)

☐ Licensing Inspection ☐ Initial ☐ Renewal ☐ Other (e.g. strikes):

☒ Visit **OR** Revisit for the purpose of Reviewing the plan of correction for violation letter dated 12/24/18

☐ See Complaint Investigation #

☐ Violations of the General Statutes of Connecticut and/or regulations of Connecticut State Agencies were identified at the time of this inspection. See attached violation letter dated

☐ Desk Audit ☐ Amended Letter: Original Ltr.

☐ Citation # was issued to this facility as a result of this inspection.

☒ Violations of the General Statutes of Connecticut and/or the regulations of Connecticut State Agencies **were not** identified at the time of this inspection.

☐ Citation # was/was not verified as corrected. See attached narrative report.

☐ Narrative report/additional information attached.

☐ See Certification File.

☐ Referral(s) to

REPORT SUBMITTED BY: Heidi Caiman DATE OF REPORT: 1/24/19

☐ Approval for issuance of license granted by: DATE:

Supervisor/Title